## 57 CO M M Ln 40206

Office Use

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## **FEC** FORM 3

## **REPORT OF RECEIPTS AND DISBURSEMENTS**

For An Authorized Committee

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**FEC FORM 3** 

(Revised 02/2003)

14 AUG -7 PM 3:02

			Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
Alaskans for Begich 2	014			
			<u> </u>	1   1   1   1
ADDRESS (number and street)	1231 West Northern Light	s Blvd		
Check if different than previously reported. (ACC)	#605 		<u> </u>	
	Anchorage		AK 99503	
2. FEC IDENTIFICATION N	UMBER ▼C	ITY A	STATE A	ZIP CODE
C C00458059	3. IS REI	THIS X NEW PORT (N) OR	AMENDED (A)	STATE ▼ DISTRICT
4. TYPE OF REPORT (Ch	oose One) (b) 12-[	Day PRE-Election Report for the:	L	
(a) Quarterly Reports:		X Primary (12P)	0	B (( ((a)))
April 15 Quarterly I	Report (Q1)	X Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly F	Report (Q2)	Convention (12C)	Special (12S)	
October 15 Quarte	rly Report (Q3) Ele	otion on 08 19	2014	in the State of
January 31 Year-Er	nd Report (YE) (c) 30-E	Day POST-Election Report for the	<b>:</b>	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		General (30G)	Runoff (30R)	Special (30S)
Termination Report	` '	м m / /	,	in the State of
5. Covering Period 07				y ** y ** y ** 2014
		of my knowledge and belief it is	true, correct and com	olete.
Type or Print Name of Treasurer Signature of Treasurer Con.	nie Sanders  Connie Sanders	Manden	M M / C 08	04 Z014
NOTE: Submission of false, erron	eous, or incomplete informat	ion may subject the person signing	_	alties of 2 U.S.C. §437a.